



Nebraska Department of Education

## 2016 REPORT OF SECURITY BREACH

(Complete this form for each incident).

This form is a request for information regarding a test security breach and subsequent investigation.

### Part I. Provide District Information

Name of the Reporting Person	
Email Address	
Phone	
District Name	
Building Where Incident Occurred	
Superintendent Name	
District Assessment Contact	
DAC Email	
Date of Submission	

### Part II. Description of Incident

Date(s) of Incident: \_\_\_\_\_

(Fields will expand)

Describe the incident with as much detail as possible and include the names of individuals involved:

Actions taken to investigate the incident:

What was the district response to the incident?

What actions has the district taken to assure the situation will not be repeated?

If inappropriate conduct by personnel is discovered, what action has the district taken?

Signature of Superintendent: \_\_\_\_\_ Date \_\_\_\_\_

Superintendent's name (print) \_\_\_\_\_

Return this form to NDE by one of the following methods:

Email to: <a href="mailto:nde.stateassessment@nebraska.gov">nde.stateassessment@nebraska.gov</a>	Fax: 402-742-2319	Mail to: NDE-Statewide Assessment PO Box 94987 Lincoln, NE 68509
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